CRISIS SERVICES PRESENTATION: CHILD & FAMILY COMMITTEE MARCH 14, 2014

By: Paul Meyer, CEO, Western Montana Mental Health Center

COST PER CLIENT DATA: FY 2013 $2,531 v $47,272

COMMUNITY v INSTITUTIONAL CARE @MSH

THANKS TO SUE O'CONNELL FOR THE QUALITY / THROUGHNESS / OBJECTIVE PRESENTATION OF COMMITTEE INFO

CRISIS SERVICES:

- TELEPHONE RESPONSE / USE OF 24 HOUR PROGRAMS TO SCREEN / WARM LINES/ etc.
- MHP /CRT PROGRAMS: 24/7 RESPONSE
- SCREEN POTENTIAL HOSPITAL ADMITS / EMERGENCY ROOM (ER)
- GATEKEEPING FUNCTION/ DIVERSION FROM HOSPITALIZATION / STATE HOSPITAL DIVERSION
- OFFER APPROPRIATE DISPOSITIONAL ALTERNATIVES TO ER STAFF
- GENERALLY DEALING WITH ISSUES OF PERSONAL OR PUBLIC SAFETY
- VERY BUSY (3-5 PERSON) TEAMS / DEDICATED TO JUST CRISIS SITUATIONS
- LIMITED STATE FINANCIAL SUPPORT DUE TO FACE to FACE REQUIREMENTS
- MAJORITY OF $$ SUPPORT FROM COUNTIES / HOSPITALS / UNITED WAY etc
- PRIMARY INTERFACE IS WITH: LAW ENFORCEMENT/ HOSPITAL ER/ COUNTY ATTORNEY/ COUNTY DETENTION FACILITIES / CLIENTS IN DISTRESS

WHAT ARE THE ALTERNATIVES CRISIS TEAMS UTILIZE???

a) IMMEDIATE STABILIZATION / NEXT DAY APPOINTMENT/ LINK WITH EXISTING THERAPIST OR OTHER MHC/ ASSESS FAMILY SUPPORT / ASSESS FOR RISK OF SUICIDE OR OTHER DANGER/ HOUSING-HOMELESS/ ALCHOL OR DRUG ISSUES-REFERRALS

CHILDREN & FAMILIES INTERIM COMMITTEE
March 13 and 14, 2014
March 14, 2014 Exhibit 2

WHEN OUTPATIENT SUPPORT IS NOT ENOUGH:

CRISIS FACILITIES – CURRENTLY ADEQUATELY FUNDED (MEDICAID/ MHSP/ 72 HOUR/ PRIVATE INSURANCE/ SELF PAY/ COUNTIES)

- VOLUNTARY CRISIS BED USE = 85%+ OF ADMISSIONS
- USE OF EMERGENCY DETENTION BEDS IS SPORADIC BUT CRITICAL
- APPRECIATE STATE $$$ SUPPORT FOR UNUSED SECURE BEDS
- 72 HOUR CONSTRAINT SOMETIMES UNREALISTIC / lots of paper
- THESE UNITS PROVIDE A VIABLE LOCAL ALTERNATIVE TO THE STATE HOSPITAL
- COULD BE USED FOR SHORT TIME PERIODS POST COMMITMENT, IF STATUTE/REGS WERE CHANGED

INPATIENT PSYCH UNITS: current locations: KALISPELL/ MISSOULA/ GREAT FALLS/ HELENA/ BILLINGS/ GLENDIVE

- IMPORTANT ASSETS WHERE THEY EXIST / CURRENTLY UNDERFUNDED / NO MHSP / LIMITED 72 HOUR / ONLY MEDICAID DRG PAYMENT
- WOULD BENEFIT FROM MEDICAID EXPANSION
- SHOULD BE CONSIDERED AS A RESOURCE FOR SHORT TERM INVOLUNTARY PATIENTS

COMMITTEE RECOMMENDATIONS:

- INCREASED SUPPORT FOR COMMUNITY MENTAL HEALTH SERVICES WHERE 97% OF CLIENTS CURRENTLY RECEIVE AND PREFER TO RECEIVE THEIR MH SERVICES
- DO NOT CONTINUE TO EXPAND INSTITUTIONAL SERVICES AT THE EXPENSE OF COMMUNITY SERVICES
- DO NOT HIRE MORE STATE EMPLOYEES WHO DO NOT PROVIDE DIRECT BILLABLE SERVICES / THE SERVICE SYSTEMS ARE LOCAL –INVEST YOUR $$$ IN LOCAL SERVICES
- INCREASE THE FUNDING FOR MHSP, GOAL 189, 72 HOUR AND INITIATIVES SUCH AS HB 130-132
- CONTINUE TO DEVELOP AND INCENTIVIZE CRISIS + SECURE BED CAPACITY THROUGH HB 130 $$$
- ADD INPATIENT BENEFIT TO MHSP FOR LOCAL COMMUNITY INPATIENT PROGRAMS
- SUPPORT USE OF HB 130 FUNDS FOR DIRECT FUNDING OF CRISIS RESPONSE TEAMS
- SUPPORT AN EXPANDED MEDICAID/MHSP BENEFIT OF COUNSELING SUPPORT BY BA LEVEL MENTAL HEALTH WORKERS AND PEER SUPPORTS
- SUPPORT MEDICAID EXPANSION FOR INDIVIDUALS UP TO 138% OF THE FEDERAL POVERTY LEVEL
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- UNRESOLVED ISSUES: CHILD CRISIS / DD POPULATION / DEMENTIA